|  |
| --- |
| **Referring professional details** |
| Name:  | Team:  |
| Location where you support client:  | Contact number:  |
| Role: | Email address:  |
| **Eligibility criteria (please tick)** |
| Client lives in Catalyst Housing [ ]  |
| Client lives in A2 Dominion Housing [ ]  |
| Low Level to Moderate Level Mental Health need [ ]  |
| Lives in Hammersmith & Fulham, Ealing or Hounslow [ ]  |
| Over 18 [ ]  |
| **Consent** |
| If no, has the client consented to the referral?Yes [ ] No [ ]  |
| **GP Details** |
| Name of Surgery:Name of GP:Address:Phone Number:Email Address: |
| **Client details** |
| Title: | Full name:  |
| Date of birth:  | Mobile no: |
| Address:  | Landline no:  |
| Postcode: | Email:  |
| Mental health conditions:  | Physical health conditions:  |
| Does the client have any dependents? Yes ☐No ☐If yes, how many dependents does the client have?How old is each dependent?  |
| Can client be seen alone? Yes [ ] No [ ]  |
| **In the space below, please briefly summarise the state of the client’s mental health at the time of referral and any risk factor that the Mind My Home team should be aware of:** |
|  |

**Equal Opportunities**

**If you have completed this referral on behalf of someone else due limited communication or lacking capacity around these questions, please indicate:**

Yes [ ]
No [ ]

|  |  |
| --- | --- |
| **I identify as:**  | **How would you describe your sexuality:**  |
| Prefer not to say [ ] Male [ ] Female [ ] Non-Binary [ ] Transgender [ ] Other [ ]  | Prefer not to say [ ] Lesbian [ ] Gay [ ] Heterosexual [ ] Bisexual [ ] Questioning [ ] Not known [ ] Other [ ]  |
| **Please describe your religious beliefs:** | **Do you consider yourself to have any of the follow:** |
| Prefer not to say [ ] Buddhist [ ] Christian [ ] Sikh [ ] Hindu [ ] Muslim [ ] Jewish [ ] Any other religion [ ] No religion [ ] Not known [ ]  | Prefer not to say [ ] Mental ill health [ ] Physical disability [ ] Cognitive impairment [ ] An acquired brain injury [ ] An acquired brain injury [ ] A learning disability [ ] Asperger’s/Autistic Spectrum [ ] Dementia/Alzheimer’s [ ] Sensory impairment [ ] Not known [ ]  |
| **Please describe your ethnic origin/background:** |
| Prefers not to say [ ] Ethnicity not known [ ]  | **Other Ethnic Group:**Arab [ ] Any other ethnic group (specify) [ ]  |
| **White:**English/Welsh/Scottish/Northern Irish [ ] Irish [ ] Irish Traveller or Gypsy [ ] Any other white background (please specify) [ ]  | **Mixed Ethnic Groups:**White and Black Caribbean [ ] White and Black African [ ] White and Asian [ ] Any other mixed background (please specify) [ ]  |
| **Asian/Asian British:** Indian [ ] Pakistani [ ]  Bangladeshi [ ]  Chinese [ ] Any other Asian background (please specify) [ ]  | **Black/Black British**African [ ] Caribbean [ ]  Any other Black/African/Caribbean background (specify) [ ]  |